

## How to Avoid Covid19 Severe Clinical Evolution?

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**Keywords:** Algorithm; Covid-19; Coronavirus; Pulmonary; Thrombosis; Prevention; Hospital mortality

**Received:** June 16, 2020, **Accepted:** June 24, 2020, **Published:** July 01, 2020

COVID-19 infection was first described associated with respiratory syndrome and elevated mortality worldwide of a specific group of patients, understanding the cause of coronavirus severe illness complications, remains the cornerstone of efforts to provide better approach and appropriated reduce mortality rate [1]. We proposed a change in the CHADS-VASC score (**Table 1**) [2], including one point for Covid-19 at the score, and, thus, indicating the necessity of prophylaxis with anticoagulant therapy [2]. Patients who respond Covid-19 infection with severe clinical evolution has the same comorbidities of CHADS-VASC. It has been shone the pulmonary impairment due to thrombosis [2,3].

Now we propose an algorithm to demonstrate the flow chart that must follow each group of patient's suspected or carriers of Covid 19, to reduce in hospital mortality (**Figure 1**).

So in this scenario, seeing beyond, with the modified Score CHADS-VASC-C19 2 and algorithm for prophylaxis of Covid-19 pulmonary vascular thrombosis, step by step, we follow-up each group of patient's suspected or carriers of Covid 19 [2-8] (**Figure 1**).

**Table 1** Classic CHA2DS2-VASC. Adding one point CHA2DS2-VASC-C 19.2 TIA- Transient Ischemic Attack.

| CHA2DS2-VASC | CLINICAL SYMPTOMS                 | SCORE |
|--------------|-----------------------------------|-------|
| C            | Heart Failure                     | 1     |
| H            | Hypertension                      | 1     |
| A2           | Age ( $\geq 75$ )                 | 2     |
| D            | Diabetes Mellitus                 | 1     |
| S2           | History of stroke (TIA)           | 2     |
| V            | Peripheral Vascular Disease       | 1     |
| A            | Age (65-74)                       | 1     |
| C            | Suspected or carriers of Covid-19 | 1     |

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**Citation:** Ocke Reis PE, Leonardo R, Marcos Cesar BL, Carlos Lenin JC (2020) How to Avoid Covid19 Severe Clinical Evolution? J Vasc Endovasc Ther. Vol. 5 No. 3: 14.

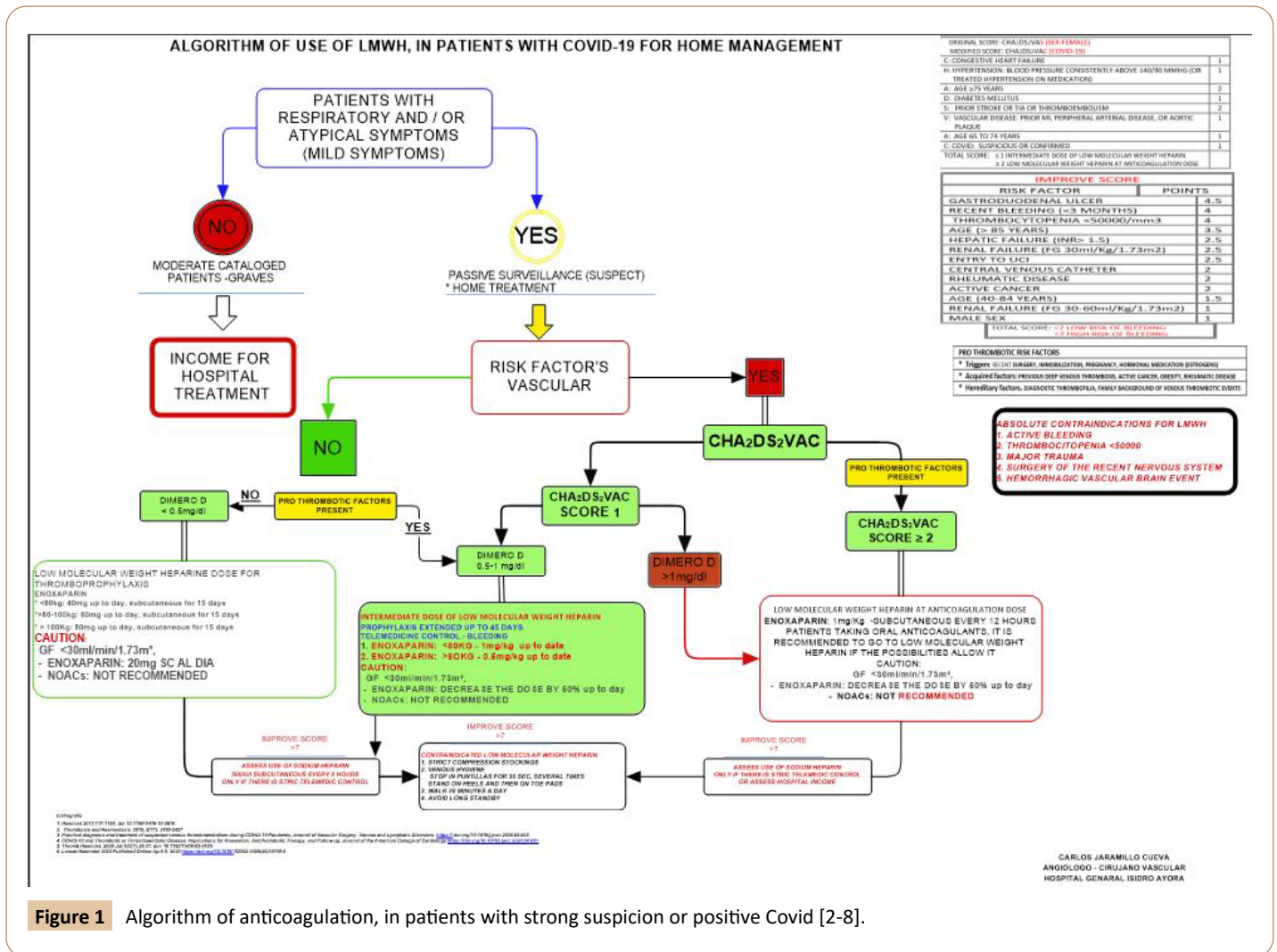


Figure 1 Algorithm of anticoagulation, in patients with strong suspicion or positive Covid [2-8].

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